

Knowledge Sharing Meeting #1
Family Planning and Reproductive Health within Health Sector Reform
Programs
September 9, 2002 Meeting Notes

USAID's Office of Population and Reproductive Health is in the process of developing a new service delivery strategy. A consultation process is underway with important stakeholders including Cooperating Agencies (CAs), USAID field missions, and other donors to examine key issues facing family planning and reproductive health in the coming decade. As part of this consultation process, a series of "knowledge sharing" meetings are being held to explore the strategic and technical issues that should be an important element of the new strategy. The first of these knowledge sharing meetings was held on September 9th.

The three-hour discussion session was aimed at sharing lessons learned to date on how USAID and its partners can engage in policy reform programs in ways that enhance family planning and reproductive health service delivery. Participants were provided with an excellent background paper by Tom Merrick of the World Bank entitled "Reproductive Health and Health Reform: Challenges and Opportunities" and a set of discussion questions to think about prior to the meeting. The discussion at the meeting was divided into two sections. The first dealt with a review issues surrounding health reform, SWAs and poverty alleviation strategies and the second, a look at decentralization and integration of services and the challenges that these reforms pose for programs.

Tania Dmytraczenko from the PHRplus Project provided a brief, thought-provoking presentation defining the issues and launching the discussion. The following are some of the key points emerging from the discussion.

- Health sector reform is a relatively young process. There is little hard evidence to date to demonstrate its successes. Many mistakes have been made in the process of learning what works. Collecting data on health program changes resulting from reform is a very important area that needs more attention and one in which USAID could make a major contribution.
- The issue of country readiness and capacity to implement health reform has been a major problem. The complexity and difficulty of the process has been seriously under-estimated by donors. Changing political leadership in countries (e.g. Zambia) has sometimes greatly complicated reform.
- SWAs provide an opportunity for donors to coordinate their activities at the country level. They may, but do not necessarily, include pooled funding arrangements. The most important part of SWAs is the coordinate planning and monitoring process in which USAID can be an important partner.

- USAID is venturing into pooled funding arrangements as evidenced by the Millennium Challenge, the Global Fund for HIV/AIDS, TB and Malaria and smaller efforts such as the Nepal Initiative for AIDS. This has not been a feature of most bilateral health programs due to legislative restrictions and the project-based programming process within USAID.
- The lack of adequate procurement capacity at the country level has been one of the most difficult problems to overcome but it is an area where USAID has much to offer. The emphasis, however, needs to be on developing and institutionalizing the host country's procurement systems.
- The mechanisms for financial flow is another important area in the reform process. National health accounts help to understand funding flows but they tend to be too aggregate. More detail is needed to track expenditures for specialized areas such as family planning and reproductive health.
- USAID can make a significant contribution to the reform process by using tools such as the DHS (with the Gwatkin poverty quintile index) to map service utilization, track those who do and don't benefit from reform and determine whether the poor are being reached. Modifications are needed, however, to be able to track changes at the district level rather than just at the national level.
- The lack of a shared vocabulary and vision about poverty alleviation is an isolating factor for USAID in relation to other international donors. Given that the USG has signed on to the Millennium goals, USAID needs to move forward with more explicit policy guidance relative to its position on poverty. This will facilitate USAID's early involvement in PRSP's and other sector reform work at the country level.
- USAID health officers and their CA counterparts need technical information and training in the area of health reform to enable them to become full partners in the process. Global Health needs to find a way to convey technical information in ways that can be readily used by field personnel and support their efforts once they are at the table with other donors on health reform.
- USAID's stovepiped way of dealing with strategic objectives and the fixation on demonstrating program results rapidly has been at odds with the more integrated approach of health reform, which places emphasis on capacity development and sustained change in systems. Both approaches are needed and must be balanced, based on country-specific conditions.

The second part of the discussion was launched by Karen Hardee of the Policy Project with a thoughtful overview of the issues surrounding decentralization. The following were the key points made during the subsequent discussion:

- At the country level, there needs to be more analytic work to determine the processes and functions that should be decentralized and those which should remain centralized for reasons of efficiency or economies of scale. There is no standard recipe for all countries.
- Defining the role and responsibilities of the central Ministry of Health is just as important as defining the role of the peripheral units.

- Decentralization has been most successful where there was considerable attention to capacity development. The experience with District Action Plans in UP state in India is an example of how existing local capacity of NGOs and government units has been utilized to support and accelerate decentralized family planning and reproductive health programs.
- Community involvement and generating the demand for services at the client level are key issues in facilitating and strengthening decentralization.
- Iran is an example of a decentralization success story.
- Decentralization and integration go together. Defining the essential service package is a good organizing principle for decentralization.
- Building capacity for decentralized management of integrated programs requires a multi-sectoral approach. CAs are restricted by the type of money they receive and find it difficult to work in an integrated fashion given the restrictions.
- Scaling up decentralized programs, especially in the larger countries, poses serious challenges and taxes USAID's management capacity.
- There are important human resource issues that affect both health reform and decentralization. Many countries are experiencing huge problems with brain drain as health personnel move overseas for higher wages. There are also serious civil service and pay issues that pose systemic problems that most donors are reluctant to take on.
- There are certain public health issues, like HIV/AIDS, that are compelling national emergencies. These kinds of crises may warrant special, highly centrally-directed programs in the short run.

In summary, it is very clear that USAID and its partners cannot afford to be on the sidelines of health reform. USAID has much to offer by way of keeping the reform process focused on improving sustainable program outcomes that are, after all, the underlying rationale for reform. Helping USAID field missions who are on the front lines of this process at the country level, engage productively, and at an early stage, in health reform is an important part of Global Health's responsibility in family planning and reproductive health as well as the other PHN program areas. The new FP/RH service delivery strategy must take into consideration this important contextual reality in almost every country where USAID is present and provide for technical and strategic leadership, both to assist field missions and in coordinating with other donors at the global level.